



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Drinking Water Program
Haloacetic Acids (HAA5) Report

PWS ID # _____

Sample ID - A _____ Sample ID - B _____

Sample ID - C _____ Sample ID - D _____

A. PWS Information

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period

1. Facility - Please refer to your DEP Water Quality Sampling Schedule to help complete this section:

PWS ID # _____ City/Town _____

PWS Name _____ PWS Class: ☐ COM ☐ NTNC

A.	DEP Source Code/Location ID _____	Sample Location _____	Date Collected _____	Collected by _____
B.	DEP Source Code/Location ID _____	Sample Location _____	Date Collected _____	Collected by _____
C.	DEP Source Code/Location ID _____	Sample Location _____	Date Collected _____	Collected by _____
D.	DEP Source Code/Location ID _____	Sample Location _____	Date Collected _____	Collected by _____
A.	Routine <input type="checkbox"/> Special <input type="checkbox"/> (explain) _____	Notes _____		
B.	Routine <input type="checkbox"/> Special <input type="checkbox"/> (explain) _____	Notes _____		
C.	Routine <input type="checkbox"/> Special <input type="checkbox"/> (explain) _____	Notes _____		
D.	Routine <input type="checkbox"/> Special <input type="checkbox"/> (explain) _____	Notes _____		

B. Laboratory Analytical Information

Lab Name _____ Lab Certification # _____

Subcontracted: ☐ Subcontractor Laboratory Name _____ Sub. Certification # _____

Notes _____

	MCL µg/L	Detection Limit µg/L	Result µg/L			
			A	B	C	D
Lab Sample ID#:	---	---	_____	_____	_____	_____
Date Analyzed	---	---	_____	_____	_____	_____
Analytical Method	---	---	_____	_____	_____	_____
Monochloroacetic acid	---	_____	_____	_____	_____	_____
Dichloroacetic acid	---	_____	_____	_____	_____	_____



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B. Laboratory Analytical Information (cont.)

	MCL µg/L	Detection Limit µg/L	Result µg/L			
			A	B	C	D
Trichloroacetic acid	---	_____	_____	_____	_____	_____
Monobromoacetic acid	---	_____	_____	_____	_____	_____
Dibromoacetic acid	---	_____	_____	_____	_____	_____
Total HAA5	60	_____	_____	_____	_____	_____

Surrogate Recoveries (Standard Method 6251B may report either surrogate)

The QA/QC
required matrix
spike sample
information is on
file at our office

Method	Compound	% Recovered	QC Limit (%)
EPA 552.1	2-bromopropionic acid	_____	70 – 130
EPA 552.2 or SM 6251B	2,3-dibromopropionic acid	_____	70 – 130
SM 6251B	2,3,5,6-tetrafluorobenzoic acid	_____	70 – 130

Laboratory Director Signature

Date

This section is
mandatory for
Public Water
Systems
regulated under
310 CMR 22.07E

Running Annual
Average =
Average of this
quarter and three
prior consecutive
quarterly
averages µg/L

C. DBPR Compliance Reporting

HAA5 Monitoring Frequency: (Choose One)

Quarter ☐

Year ☐

3 Years ☐

Total Number of HAA5 Samples Collected During Monitoring Period

Average Result for ALL Locations Sampled During Monitoring Period µg/L

Running Annual Average µg/L

I certify under penalty of law that I am the
person authorized to fill out this form and the
information contained herein is true, accurate
and complete to the best of my knowledge and
belief.

Primary Certified Operator Signature

Date

For DEP Use Only -
Please initial and
date as completed:

Accepted:

Disapproved:

Data entered into WQTS:

Comments: